FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000043466 (6)

AARY BRILE INA

Principal Place of Business	Mailing Address
2335 TAMIAMI TRAIL N SUITE 301 NAPLES FL 34103	2335 TAMIAMI TRAIL N SUITE 301 NAPLES FL 34103
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED Mar 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1997 4. FEI Number 59-3450371 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year intangible Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GOLD, DENNIS S 2335 TAMIAMI TRAIL N 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 301 83 NAPLES FL 34103 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relnatating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TITLE Change TITLE NAME **GOLD, DENNIS S** 1.2 NAME 2335 TAMIAMI TRAIL N SUITE 301 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34103 1.4 CiTY - ST - ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE Change Addition TITLE GEIGER, KURT 2.2 NAME NAME 229 Silverado Drive STREET ADDRESS 23 STREET ADDRESS Naples, FL 34119 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change **X** Addition TITLE 3 1 TITLE GEIGER, HEIDI NAME 3.2 NAME 229 Silverado Drive STREET ADDRESS 3.3 STREET ADDRESS Naples, FL 34119 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change **X** Addition GEIGER, BRUNO 229 Silverado Drive NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS Naples, FL 34119 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and faccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee emporated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Changed or on an attachment with an adjects.

941-649-